Maine Weekly Influenza Surveillance Report

March 25, 2009

Synopsis

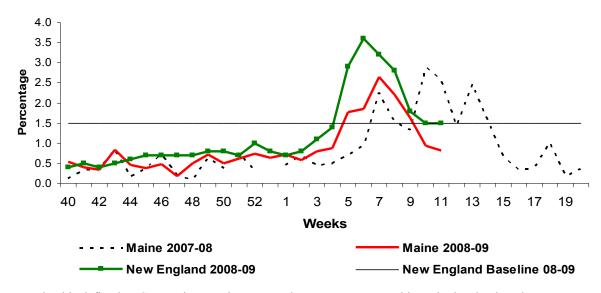
During the week ending March 21st, 2009 (MMWR week 11)*, Maine reported regional influenza activity. Both lab confirmed influenza and influenza detected by rapid testing continue to decrease. To date, 40 positive influenza A samples have been subtyped by the Maine Health and Environmental Testing Laboratory (HETL): 38 were A H1, and two were A H3. There were no new outbreaks of influenza-like illness reported during week 11. Outpatient influenza-like illness visits continue to decrease.

Moderate Disease Surveillance

Outpatient influenza-like illness (ILI)

During the week ending March 21^{st} , 2009, 0.7% of outpatient visits reported by nine Maine Sentinel Providers were for influenza-like illness (ILI). ILI is defined as fever ($\geq 100^{\circ} \text{ F} / \geq 37.8^{\circ}$ C) AND cough or sore throat in the absence of a known cause. In the New England States, 1.5% of outpatient visits were attributed to influenza-like illness during week 11. ILI continues to decrease in Maine.

Outpatient Visits for Influenza-like Illness – Maine, 2007-09



New England is defined as Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

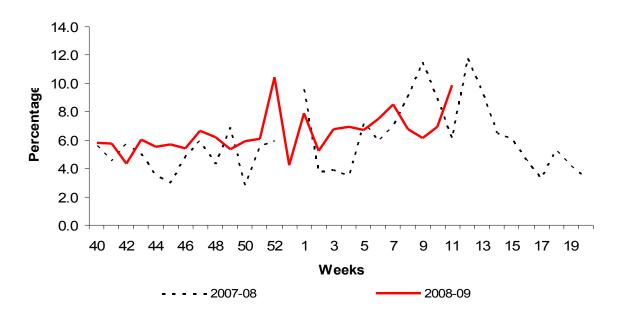
^{*} At time of publication, reporting may be incomplete. Numbers presented here may change as more reports are received.

Severe Disease Surveillance

Hospital inpatients

During the week ending March 21st, 2009, 9.9% of hospital admissions reported by three hospitals were attributable to pneumonia or influenza.

Hospital Admissions Due to Pneumonia or Influenza -- Maine, 2007-09

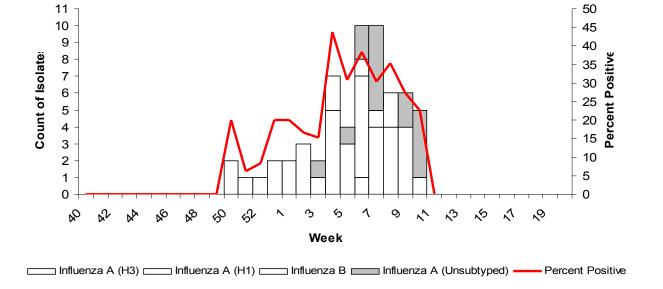


Laboratory Reporting

During the week ending March 21st, 2009, six samples were submitted for testing to the Maine Health and Environmental Testing Laboratory (HETL). None (0%) tested positive for influenza.

To date, 283 samples have been submitted, 61 (21.6%) were positive for influenza: 38 for influenza A H1, two for influenza A H3, 15 for influenza A unsubtyped, and six for influenza B. The influenza B strains will be forwarded to the federal CDC for lineage typing.

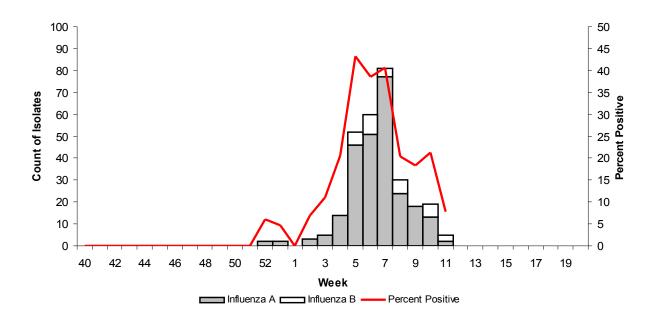
Respiratory Specimens Positive for Influenza from HETL, Maine, 2008-2009



During the week ending March 21st, 2009, 69 samples were submitted for testing to two private reference laboratories, two tested positive for influenza A, and three tested positive for influenza B. Twenty three samples were positive for RSV.

A combined total of 1,468 specimens have been submitted since September 28, 2009 for respiratory testing to two private labs. To date, 257 samples were positive for influenza A, 34 samples were positive for influenza B, 186 samples were positive for RSV, ten samples were positive for parainfluenza 3, four samples were positive for adenovirus, and two samples were positive for enterovirus.

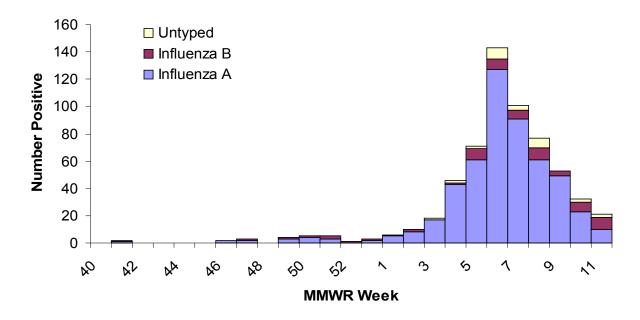
Respiratory Specimens Positive for Influenza from Two Reference Laboratories, Maine, 2008 - 2009



Rapid tests are often used in clinical practice and these results contribute to the determination of the state influenza activity code reported to the federal CDC. Many hospitals, laboratories, and physicians offices report these test results to the state. There is the possibility of duplication of results from reference labs and the rapid report called into the state. However, since influenza is not required to be reported, it is still assumed that these numbers are an underrepresentation of the true burden of influenza.

During the week ending March 21st, 2009, 21 samples tested positive using rapid testing, ten for influenza A, nine for influenza B, and two for influenza, untyped. A combined total of 603 positive rapid tests have been reported this season. 512 were positive for influenza A, 63 were positive for influenza B, and 28 were not typed.

Positive Rapid Influenza Tests, Maine, 2008-2009



Outbreaks

During the week ending March 21st, 2009, no new outbreaks of influenza-like illness were reported. To date, 30 outbreaks of influenza-like illness have been reported; 16 in long term care facilities and 14 in schools.

Influenza-like illness outbreaks by selected characteristics - Maine, 2008-09

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Facility Type*	District	Date Reported	Attack Rate (%)		Hospital- izations	Deaths	Vaccination rate (%)		Lab- confirmed
			Student/		#	#	Student/		
			Resident	Staff			Resident	Staff	
LTC	Cumberland	11/21/2008	6	1	0	0	100	68	No
LTC	Mid Coast	1/22/2009	4	0	2	0	96	50	Influenza A
LTC	Western	1/26/2009	2	0	1	0	99	50	Influenza A
LTC	Cumberland	1/30/2009	2	0	1	0	96	64	Influenza A
School	York	2/2/2009	34	۸	٨	٨	٨	٨	Influenza A
School	Penquis	2/4/2009	1	0	1	٨	٨	٨	Influenza A
School	Mid Coast	2/9/2009	26	13	٨	٨	٨	^	No
School	Mid Coast	2/9/2009	27	14	٨	٨	٨	٨	No
School	York	2/10/2009	٨	^	٨	٨	٨	٨	۸
LTC	York	2/10/2009	3	^	٨	٨	٨	٨	Influenza A
School	Downeast	2/10/2009	4	^	٨	٨	٨	٨	Influenza A
School	Mid Coast	2/10/2009	19	0	٨	۸	٨	۸	Influenza A & B
School	Mid Coast	2/2/2009	23	5	٨	٨	٨	٨	Influenza A
LTC	Mid Coast	2/10/2009	5	٨	٨	٨	٨	٨	Influenza A
School	Mid Coast	2/10/2009	46	4	۸	۸	۸	٨	Influenza A
	Facility Type* LTC LTC LTC LTC School School School School School LTC School School LTC School	Facility Type* LTC Cumberland LTC Mid Coast LTC Western LTC Cumberland School York School Penquis School Mid Coast School York LTC York School Downeast School Mid Coast Mid Coast Mid Coast Mid Coast Mid Coast Mid Coast	Facility Type* District Date Reported LTC Cumberland Coast 1/22/2009 LTC Mid Coast 1/26/2009 LTC Western 1/26/2009 LTC Cumberland 1/30/2009 School York 2/2/2009 School Penquis 2/4/2009 School Mid Coast 2/9/2009 School Mid Coast 2/9/2009 School York 2/10/2009 Z/10/2009 School Downeast 2/10/2009 School Mid Coast 2/10/2009 School Mid Coast 2/10/2009 Z/10/2009 School Mid Coast 2/2/2009 Z/10/2009 School Mid Coast 2/2/2009 Z/10/2009 LTC Mid Coast 2/10/2009 Z/10/2009	Facility Type* District Date Reported Attack Rate Reported Attack Rate Reported LTC Cumberland Coast 1/21/2008 6 6 LTC Mid Coast 1/22/2009 4 4 LTC Western 1/26/2009 2 2 LTC Cumberland 1/30/2009 2 34 School York 2/2/2009 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16	School	York	2/11/2009	15	15	٨	٨	٨	٨	٨
17	School	York	2/11/2009	15	٨	٨	٨	٨	٨	Influenza B
18	School	Western	2/13/2009	39	٨	٨	٨	٨	٨	Influenza A
19	LTC	Mid Coast	2/17/2009	14	24	0	2	96	20	Influenza A
20	LTC	Western	2/19/2009	2	0	0	0	٨	٨	Influenza A
21	School	Central	2/23/2009	2	٨	٨	٨	٨	۸	Influenza A & B
22	LTC	Western	2/23/2009	4	٨	٨	٨	٨	٨	Influenza A
23	School	Western	2/25/2009	15	5	۸	٨	50	٨	Influenza B
24	LTC	Western	2/25/2009	8	0	0	0	٨	٨	Influenza A
25	LTC	Central	2/26/2009	26	٨	٨	٨	100	٨	Influenza B
26	LTC	Cumberland	2/26/2009	2	0	1	0	96	46	Influenza A
27	LTC	Central	3/3/2009	53	12	3	0	93	68	Influenza A
28	LTC	Aroostook	3/3/2009	17	٨	1	0	٨	^	Influenza A (H1)
29	LTC	Aroostook	3/3/2009	13	1	0	0	95	٨	Influenza A
30	LTC	Western	3/6/2009	٨	٨	٨	٨	٨	٨	Influenza A

^{*} Outbreak definition is specific to facility type. An outbreak in long-term care facilities (LTC) is defined as ≥3 patients with ILI identified on same floor or ward during a short (e.g., 48-72 hour) period OR ≥1 patients with lab-confirmed influenza; an outbreak in an acute care facility (ACF) is defined as ≥1 patients with ILI or lab-confirmed influenza with symptom onset ≥48 hours post-admission (i.e., nosocomial); and an outbreak in a school is defined as ≥15% absentee rate among student population due to ILI or lab-confirmed influenza.

NA indicates not applicable

York District: York county

Cumberland District: Cumberland county

Western District: Franklin, Oxford, and Androscoggin counties Mid Coast District: Waldo, Knox, Lincoln and Sagadahoc counties

Central District: Somerset and Kennebec counties Penquis District: Piscataquis and Penobscot counties Downeast District: Washington and Hancock counties

Aroostook District: Aroostook county

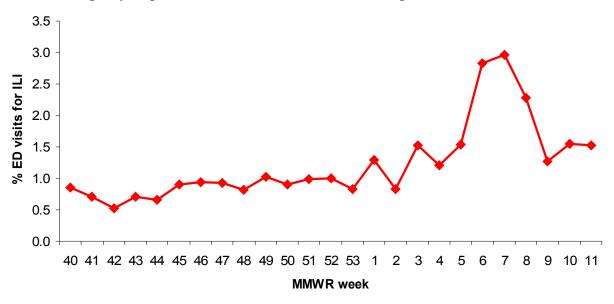
Syndromic Surveillance

1.5% of visits to emergency departments at seven of Maine's hospitals were characterized as influenza-like illness during week 11, based on the patients' chief complaint.

[^] Data unavailable

^{**}Maine DHHS Districts:

Emergency Department Visits for ILI at Seven Hospitals – Maine, 2008-09

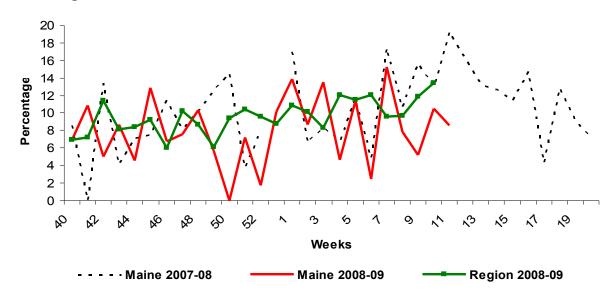


Fatalities Surveillance

Death Certificates

During the week ending March 21st, 2009, 8.6% of deaths reported by three city vital records offices were attributable to pneumonia and influenza.

Percentage of Deaths Attributable to Pneumonia and Influenza - Maine, 2007-09



Pediatric Fatalities

No influenza-associated pediatric deaths in Maine have been reported this season.

National Influenza Activity

State health departments report the estimated level of influenza activity in their states each week. States report influenza activity as: 1) no activity, 2) sporadic, 3) local, 4) regional, or 5) widespread (definitions of these levels can be found at: www.cdc.gov/flu/weekly/usmap.htm). Maine reported regional activity for the week ending March 21st, 2009 (week 11).

